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Disruptive Patient 1: De-Escalation

Instructor Information

Patient Name: Rolando Jones

Simulation Developer(s): Melissa Brickner, Bridgett Everett, Debra A. Mosley, Beverly Snyder-Desalles, and Judy Young

Scenario Purpose:

- To safely and effectively de-escalate the patient exhibiting disruptive behavior

Learner(s):

- Registered Nurses (RN), Licensed Practical Nurses (LPN), Unlicensed Assistive Personnel (UAP)
- Others as desired, depending on facility protocols
- Recommend no more than 6 learners (3 of which can be observers)

Time Requirements:

- Setup: 5 minutes
- Scenario: 25 minutes
- Debrief: 25 Minutes
- Reset/Breakdown: 5 minutes

Confederate(s):

- Significant other
- Assistance (security officer, police, or facility specific)
- Standardized patient

Scenario Prologue:

- The patient is a 49 year-old male who is becoming increasingly agitated. He is accompanied by his significant other.
- The simulation begins when the learners enter the room OR the patient enters the area (if arriving from other area)

Patient information:

- **General:** Agitated
- **Weight/Height:** 113.6kg (250lbs) 182.9 cm (72in)
- **Vital Signs:** BP 188/92, Temp 97, HR 140, RR 26, O2 Sat 96%
- **Pain:** 6/10 In the lower extremities
- **Neurological:** Numbness and pain in bilateral lower extremities
- **Respiratory:** Lungs clear, dyspneic, tachypneic
- **Cardiac:** Tachycardic
- **Gastrointestinal:** Unremarkable
- **Genitourinary:** Unremarkable
- **Musculoskeletal:** Gait unsteady
- **Skin:** Face flushed; cheeks red
- **Past Medical History:** Post Traumatic Stress Disorder (PTSD), type 2 diabetes, chronic obstructive pulmonary disease (COPD), arthritis, diabetic neuropathy, 30 year one pack per day smoking history, and he drinks “a few beers a day”
- **Past Surgical History:** Appendectomy and bilateral lower extremity shrapnel removal

Medications:

- Metformin 500 mg three times daily with meals
- Lorazepam 2 mg every 8 hours
- Albuterol/Ipratropium inhaler 2 puffs four times daily
- Gabapentin 300 mg three times daily

Allergies:

- No known drug allergies (NKDA)
- Allergic to dairy products

■ Confederate

■ Change in Physiology

Learning Objectives

Patient Name: Rolando Jones

Simulation Developer(s): Melissa Brickner, Bridgett Everett, Debra A. Mosley, Beverly Snyder-Desalles, and Judy Young

Scenario Purpose:

- To safely and effectively de-escalate the patient exhibiting disruptive behavior

Pre-Session Activities:

- Complete pertinent training on management of the disruptive patient
- Review VHA Directives, policies and protocols on management the disruptive patient
- Review interdisciplinary roles when caring for the disruptive patient

Potential Systems Explored:

- What de-escalation techniques are designed for use during disruptive behavior?
- What standardized protocols currently exist to establish safety for the disruptive patient?
- When should the healthcare provider consider chemical or physical restraints?
- What facility specific documentation is required when caring for the disruptive patient?
- What risk factors, contraindications, and complications are important to consider when caring for the disruptive patient?

Scenario Specific Learning Objectives (Knowledge, Skills, and Attitudes = K/S/A):

**The learner(s) will demonstrate ICARE principles throughout the scenario.

Learning Objective 1: Demonstrate the utilization of Prevention and Management of Disruptive Behavior (PMDB) de-escalation principles to establish safety

- K- Recognize the patient's behavior as Panic Stress level*
- S- Call/request assistance per facility specific disruptive behavior protocol*
- S- Implement PMDB de-escalation principles*
A- Maintain a controlled demeanor throughout the scenario
- S- Ensure the patient is away from unnecessary staff, patients, and visitors to establish safety*
- S- Establish boundaries with the patient*
- S- Locate and remain in close proximity to the exit*
- S- Avoid becoming isolated in the room with the patient*

Learning Objective 2: Implement facility specific protocol for the patient exhibiting escalating disruptive behavior

- S- Initiate facility specific protocol for disruptive behavior*
- K- Discuss interdisciplinary resources available*

Learning Objective 3: Utilize effective communication techniques when caring for the disruptive patient

- S- Provide information regarding a potential plan of care that may include a sedative*
- S- Perform ISBAR handoff communication*
- S- Complete facility specific documentation*

Debriefing Overview:

- Ask the learner(s) how they feel after the scenario
- Have the learner(s) provide a summary of the scenario from a healthcare provider/clinical reasoning point of view
- Discuss the scenario and ask the learners what the main issues were from their perspective
- Ask what was managed well and why.
- Ask what they would want to change and why.
- For areas requiring direct feedback, provide relevant knowledge by stating "I noticed you [behavior]..." Suggest the behavior they might want to portray next time and provide a rationale. "Can you share with us?"

- Indicate closing of the debriefing but provide learners with an opportunity to voice one or two take-aways that will help them in future practice
- Lastly, ask for any outstanding issues before closing the debrief

Critical Actions/Debriefing Points:

1. Recognize the patient's behavior as Panic Stress level
2. Call or request assistance
3. Remove the patient to a private area to establish safety
4. Implement PMDB de-escalation principles
5. Establish boundaries with the patient
6. Avoid becoming isolated in the room with the patient
7. Locate and remain in close proximity to the exit
8. Complete ISBAR communication
9. Provide information regarding a potential plan of care that may include a sedative
10. Discuss facility specific interdisciplinary resources available
11. Complete facility specific documentation

Simulation Set-Up

(Standardized Patient)

Patient Name: Rolando Jones

Simulation Developer(s): Melissa Brickner, Bridgett Everett, Debra A. Mosley, Beverly Snyder-Desalles, and Judy Young

Room Set-up:

- Set up like an outpatient reception area kiosk. The patient is accompanied by his significant other
- The patient is diaphoretic, running his fingers through his hair, and tapping his fingers on the desk

Patient Preparation:

- Street clothes
- Diaphoretic with perspiration under arm pits

Have the following equipment/supplies available:

- Telephone
- *Label on phone for notifying emergency mental health team response (depending on facility)
- *Label on keyboard for notifying emergency mental health team response (depending on facility)
- *Emergency alarm for notifying emergency mental health team response (depending on facility)
- Keyboard and computer monitor (non-functioning; optional)
- Gloves
- Hand sanitizer
- Blood pressure cuff
- Stethoscope
- VA Police identification (shirt, toy badge, prn) depending facility specific response *SimLEARN use VA Police provided accessories

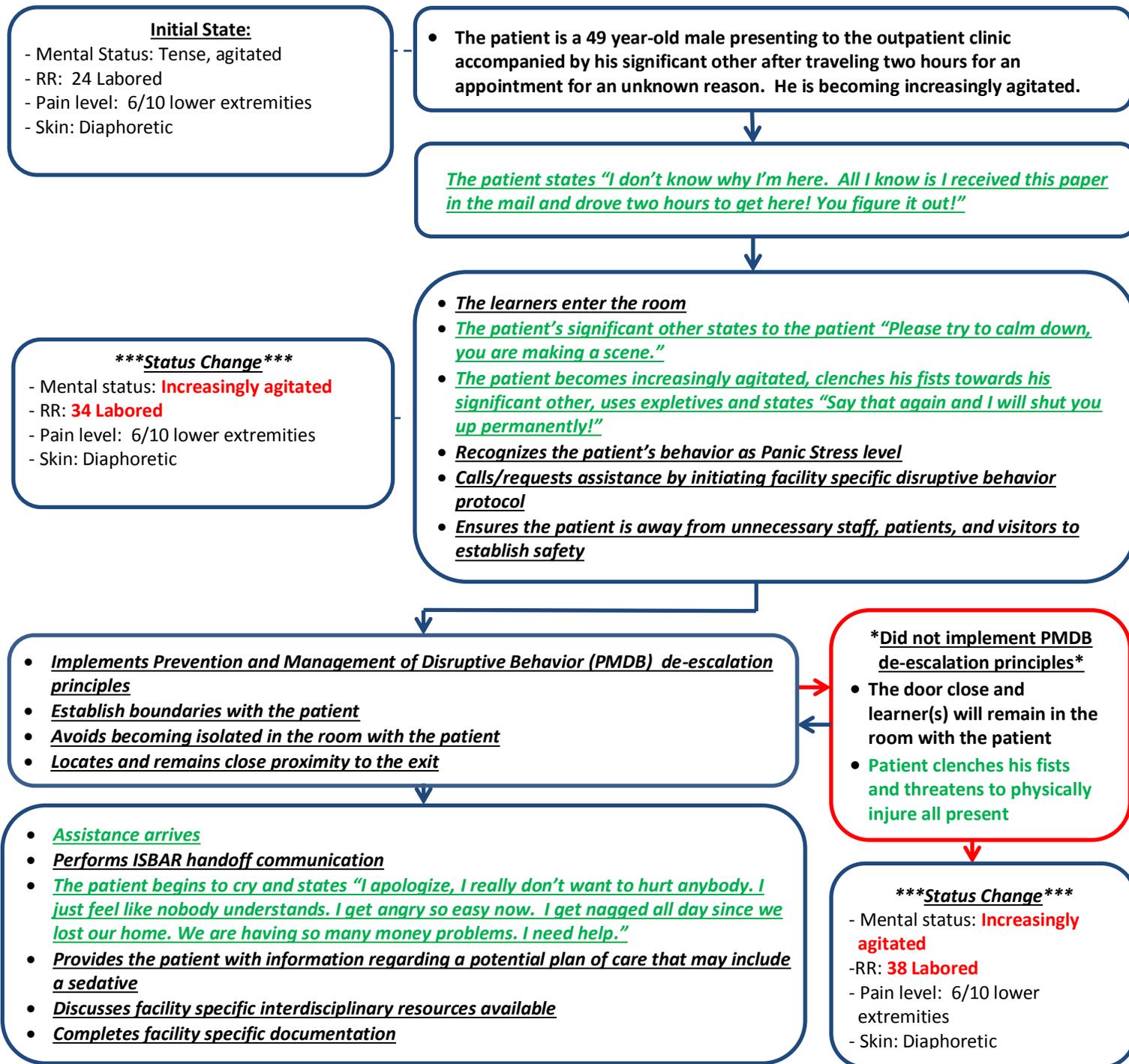
Note: 5.8 Simpad software update is required to load scenarios

(<http://cdn.laerdal.com/downloads/f4343/simpad-upgrade.vs2> Scenarios may be used with Laerdal or LLEAP software.

Scenario Supplements:

- Confederate scripts
- Confederate and learner name tags
- Patient identification band
- PMDB supplement
- Code Orange Button picture
- ZZ test patient/Demo patient in CPRS (if desired)
- ISBAR tool

Flowchart



Critical Actions/Debriefing Points:

1. Recognize the patient's behavior as Panic Stress level
2. Call/request assistance by initiating facility specific protocol for disruptive behavior
3. Escort the patient to a private area to establish safety
4. Implement PMDB de-escalation principles
5. Establish boundaries with the patient
6. Avoid becoming isolated in the room with the patient
7. Locate and remain in close proximity to the exit
8. Perform ISBAR communication
9. Provide information regarding a potential plan of care that may include a sedative
10. Discuss facility specific interdisciplinary resources available
11. Complete facility specific documentation

- Confederate
- Red Text Physiology Change
-
- Red Border Incorrect Action

Supplements

Confederate Scripts

Confederate Name Tags

Patient Identification Band

Prevention and Management of Disruptive Behavior Supplement

Code Orange Button (Call for Assistance)

Confederate Scripts

Rolando Jones: Patient (Standardized Patient)

Medical/Surgical History: PTSD, type 2 diabetes, COPD, arthritis, diabetic neuropathy, 30 year one pack per day smoking history, and he drinks “a few beers a day.” Appendectomy and lower extremity shrapnel removal

Medications: Metformin 500 mg three times daily with meals, Lorazepam 2 mg every 8 hours,

Albuterol/Ipratropium inhaler 2 puffs four times a day, Gabapentin 300 mg three time a day

Allergies: NKDA; Allergic to dairy products

- The patient will state “I don’t know why I’m here. All I know is I received this paper in the mail and drove two hours to get here! You figure it out!”
 - The patient’s significant other will state “Please try to calm down, you are making a scene.”
 - The patient will become increasingly agitated, clench his fists towards his significant other, use expletives and state “Say that again and I will shut you up permanently!”
 - If PMDB principles are not followed, clench both fists and threaten to physically injure all present stating “Don’t try me! I will take you all down!”
 - If PMDB principles are followed, the patient will begin to cry and state “I apologize, I really don’t want to hurt anybody. I just feel like nobody understands. I get angry so easy now. I get nagged all day since we lost our home. We are having so many money problems. I need help.”
 - Assistance will arrive
 - ISBAR will be provided
 - End of scenario
-

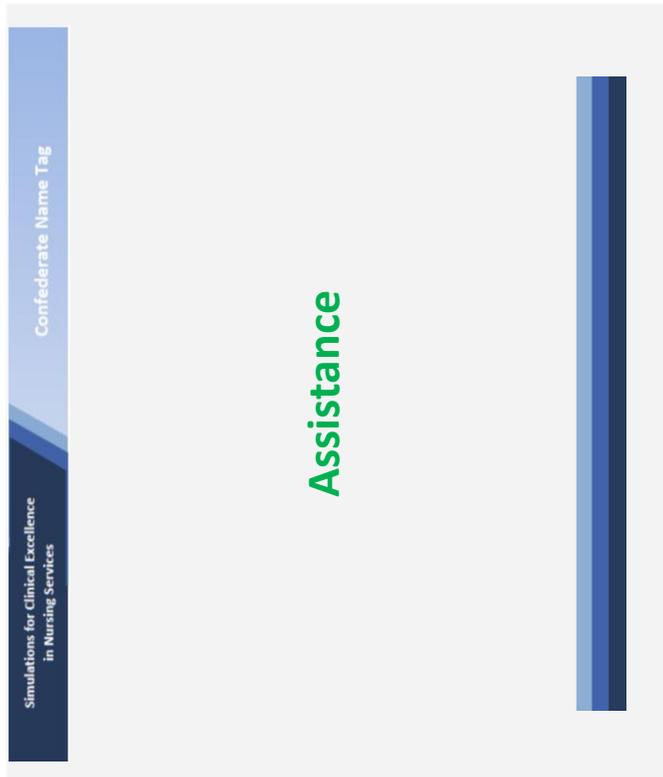
Significant Other

- The patient will state “I don’t know why I’m here. All I know is I received this paper in the mail and drove two hours to get here! You figure it out!”
 - The patient’s significant other will state “Please try to calm down, you are making a scene.”
 - The patient will become increasingly agitated, clench his fists towards his significant other, use expletives and state “Say that again and I will shut you up permanently!”
 - De-escalation techniques will be implemented
 - Assistance will arrive
 - ISBAR will be provided
 - End of scenario
-

Assistance

- Assistance arrives
- The patient will state “I apologize, I really don’t want to hurt anybody. I just feel like nobody understands. I get angry so easy now. I get nagged all day since we lost our home. We are having so many money problems. I need help.”
- ISBAR will be provided
- End of scenario

Confederate Name Tags



Print as many Assistance ID

BADGES as desired per facility

Patient Identification Band

Patient Identification Band

Jones, Rolando
Age: 49
000-00-0000

Dr. M. Santana

Allergic: **NKDA/Allergic to Dairy Products**

Prevention and Management of Disruptive Behavior (PMDB)

Supplement

Four Levels of Stress

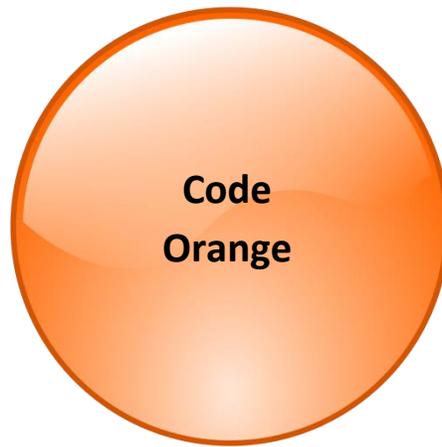
Stress Level	Signs and Symptoms	Interventions
Normal	<ul style="list-style-type: none"> Heart rate 60-80 bpm Keen awareness of surroundings Thinking and processing information clearly 	Offer the patient assistance and provide good customer service by responding promptly in a professional and respectful manner. Escalation may be avoided simply by communicating any anticipated or current plans of care.
Moderate	<ul style="list-style-type: none"> Heart rate 81-100 bpm Perceptual field decreased Alteration in thinking 	Verbally intervene by indicating that the behavior is not acceptable and redirect.
Severe	<ul style="list-style-type: none"> Heart rate near or above 100 bpm Problems processing information Tunnel vision Deterioration of complex motor skills Very limited perceptual field 	Set limits with simply stated directions since problems processing information are evident at this stage.
Pain	<ul style="list-style-type: none"> Heart rate over 100 bpm Inability to problem-solve or process information Becomes irrational and a potential danger to self and others Develops increased strength-based abilities and gross motor skills (hitting, throwing objects, walking, or running) 	GAIN the attention of the team and avoid being alone with the individual while approaching the exit while speaking at the same time. Yell loudly for assistance if this is not possible, call security or 911, and activate the speaker on your phone if able. It may be necessary to consider chemical or physical restraints at this point per institutional protocol if all other efforts have failed.

GAINS Mnemonic

Verbal and non-verbal signs and symptoms that indicate potentially escalating and violent behavior

G	G estures of anger that include but are not limited to prolonged staring, shaking/clenching a fist, door-slamming, and throwing objects
A	A cting in a suspicious, fearful, anxious, or hostile manner
I	I ncongruent behavior inconsistent with words as in stating that he/she is "fine" while becoming increasingly agitated and pacing the room
N	N oticeable signs and symptoms of stress such as flared nares, jugular vein distention, diaphoresis, increased blood pressure and heart rate
S	S ystematically tapping feet, pacing, sighing, shaking knees, clenched jaws, or repeatedly running fingers through the hair or across the forehead

Code Orange Button
(Call for Assistance)



References

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